urs after death. Page 4 and 2 should be filed with may textended by the hispital or attending physician.

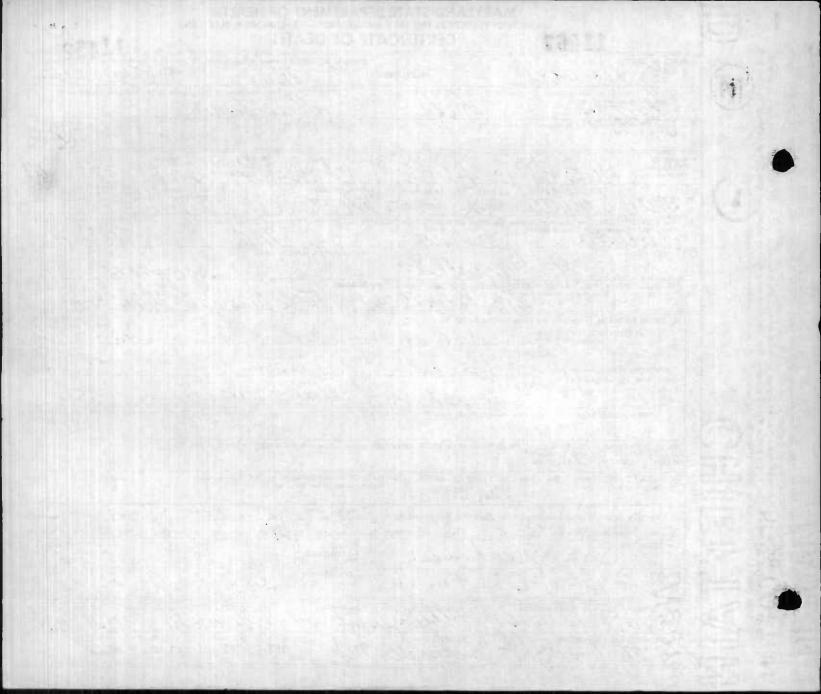
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs, fiter death. Pages 1 IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HO

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11467

	11467 CERTIFICATE OF DEATH	1150
	PLACE OF DEATH o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	ce before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTP OF STAY IN 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	ive nearest town)
-	d. NAME OF HOSPITAL (If nat in hospitol, give street address)  d. STREET ADDRESS  OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ROBERT ALBERT CARROLD 4. DATE OF DEATH OAT,	Day 'ear 1961
S.	The state of the s	Days Hours Min.
	Carpenter Mil. Building Mil.	S.A.
	FATHER'S NAME A. Parroll 14. MOTHER'S MAIDEN NAME Thompson	d .
1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dates of service). 3-18-1408 Mrs. Gustude Wasmus Ballo	Braus Clips)
	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: (Juliannaly Contracte & Julahetran	3 culi-
	Conditions, if any, which) (b) Che heart Lailuse	4 002000
	gave rise to immediate couse (a), stating the under- lying cause last.  DUE TO Denekalized as ferrosclesors	yes.
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
MEDICAL		County) (Stote)
	21. I certify that (I) (this-hospital) attended the deceosed from Tang 27, 1961, to Oct 7, 1965 sow the deceosed olive on Oct 6, 1961, and that death accurred at 31 M, from the couses and an the	that (1) (we) last date stoted obave.
	220. SIGNATURE Same Obligation M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	O. 9 6 SIGNED
	22c. PHYSICIAN'S NAME (Type) Sani Okutman 22d. ADDRESS Sykesville	2, Hd.
230	10. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATION 23d. LOCATION (City, town or country filled) 10-10-6/ Company Country Country Country (City, town or country filled)	toll Tud.
24.	Sulfied H. Anight Appressible, Md 250. REC'D BY AFGISTRAR 256. REGISTRAR'S SIG	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11468

**CERTIFICATE OF DEATH** 

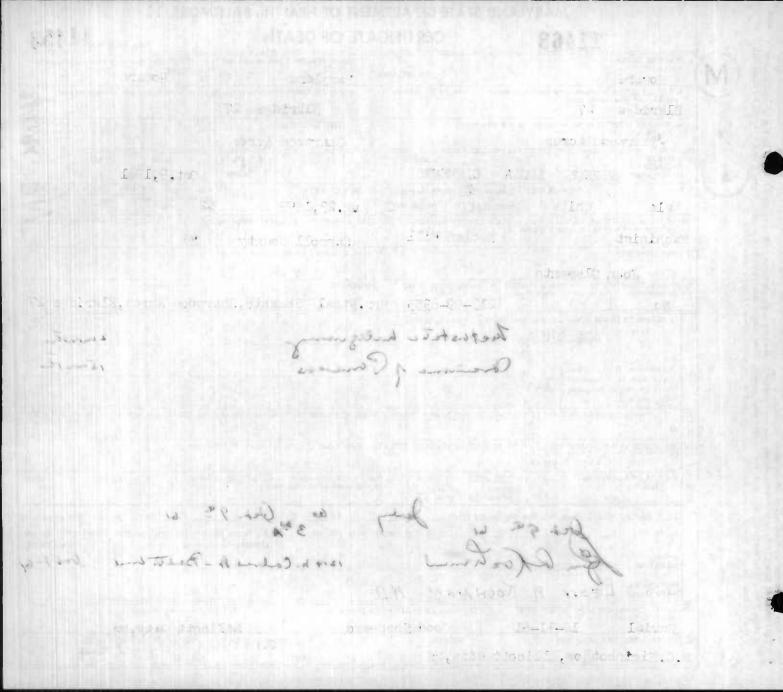
Reg. Dist. No.11453

P		PLACE OF DEATH					2. USUAL RESID	ENCE (Wh	ere deceosed	d lived. If instituti	on: Residen	ce before	odmissi	on)
1		a. COUNTY Howard			MARY	LAND	o. STATE Maryland b. COUNTY Howard							
"		b. CITY OR TOWN (I	f outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b			utside corpo	rote limits, write R		give near	est town)	
		RURAL and give no Elkridge	earest tawn)				Elkridge 27							
		d. NAME OF HOSPIT	AL (If nat in haspital, g	ive street	address)		d. STREET AI	-				е	. IS RESI	DENCE
1	ORINSTITUTION Sherwood Acres				Sherw	rood A	cres				ON A			
1	3.	NAME OF	Fir	st	Middle		Last		4. DATE	Mon	th	Day	Y	ear
	(Type or print) VERNON EDGAR CLEMENTS  S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B						OF DEATH	Oct. 9	.1961	,		9		
				DATE OF BIRTH	1		9. AGE (In years	IF UNDER						
		Male	White	WIDOW			Aug. 23,1	1899		lost birthday) 62 yrs.	Months	Doys	Hours	Min.
	_	. USUAL OCCUPATION	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OF	_			or foreign co	ountry)	12.CIT	ZENOF	WHATC	OUNTRY?
	1	achinist	king life, even if retired	W	oolen Mill		Carro]	IT Cor	intx	Md				
		FATHER'S NAME					14. MOTHER'S			Tri Ca		4	-	No. of Contract of
		Tohn	Clements					2						
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	FORMANT	-		Addi	ess			
	(Ye	NO	(If yes, give war or dates of s		13-09-6355	Mrs	.Ethel	Cleme	nts Sh	nerwood A	cres.	Elkr	idge	27
	-		ATH   Enter only one co		ne for (o), (b), and (c).]	1772 6	•130110±	020010	100 301	202 11 0 0 0 1	,		RVAL BET	
			TH WAS CAUSED BY:	1/2	othetete	4.0	20					ONSE	TAND	DEATH
	13	1574	IMMEDIATE CAUSE (o		90012-0	-	9	X					- Albert	_
	Condition if can which									15	met	lis		
	gove rise to immediate DUT TO													
		lying couse last.	ine under-									1 600		
	Z		c FER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(a) 19	. WAS A	UTOPSY
1	CATION												PERFOR	RWED3
	LIFIC	20a. ACCIDENT WA	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter noture of	injury in F	Port I or Port	t II of item 18.)				
	CERTIFIC	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
		20c. TIME OF INJUR	Y Manth, Day, Yes	ar 20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	Home, farm	20f. (City	or town)	((	County)		(Stote)
	MEDICAL	Haur a.m.	19	While at wor		fact	ary, street, affice	bldg., etc.	)	4165				
	2	p. m.				1	10 60	. /	3.1	74				
			at I attended the	deceas	// '	7	, 19 60	2 30	get.	7 = , 1964,				
		alive an	24.7		and that	death	accurred at_			the causes an		date		abave.
		ACTUAL	10 D	(	to 1				A (SI	reel, city or lown,	-)	,	Ond	0
		SIGNATURE	gen des	Cas	or ma	М	.D. /2/4	h. Co-	distribute of	7 - 13600	, , , ,	<u> </u>	7	7-6
		PHYSICIAN'S	EAN B	Kor	HMAN I	Un								
	22-		N 22b. DATE THEREC		.,	IV			201 1051	IONI (City As				
	220	REMOVAL (Specify)	/	_	22c. NAME OF CEME				-	TION (City, town,			(Stote	)
	22	Burial	10-11-6		Good S	neph	erd	04 0500		licott C.		NATIO		
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGIS													

TO HOW SAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may elained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill and by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S8



VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11469 CERTIFICA

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 1454

1. PLACE OF DEATH a. COUNTY Howard	. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Howard								
b. CITY OR TOWN (If or RURAL ond give neare Ellicott Cit	st town)	write c. LENG	OTH OF STAY IN 16	×	CITY OR T		ott Ci		ts, write RI	JRAL and g	give near	rest town)	
d. NAME OF HOSPITAL OR INSTITUTION		e street oddress)		1	d. STREET AL	DDRESS	n St.	L O <sub>s</sub> y			e	ON A	DENCE FARM? NO ()
3. NAME OF DECEASED (Type or print)	First	COL	Middle		Last		4. DATE OF DEATH		Mon	ber 2	Doy		eor 9
	COLOR OR RACE		DIVORCED	B. DA	TE OF BIRTH		871	9. AGE lost b	(In years irthdoy)	IF UNDER Manths	1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of working Farmes	(Give kind of work do life, even if retired)	ne 10b. KIND OF		USTRY		edvil		Tel	nn	12. CITI	ZEN OF	WHATC	DUNTRY?
13. FATHER'S NAME				14.	MOTHER'S								
Unknown  15. WAS DECEASED EVER IN	III S ARMED FORCE	SS 14 SOCIAL S	ECURITY NO.	INFOR	MANT	Unkn	own		Addr	ALL			
	s, give war or dates of serv				Gertr	nde S	eshold	11.70			ve.	Rock	ville
18. CAUSE OF DEATH	[Enter only ane caus			WIL S	der or	aac D	Cabore	100	3-4 200	ale ale di	LINTE	RVAL BET	WEEMO
PART I. DEATH	WAS CAUSED BY:	CARN	A SAID	121	125	7					ONSE	TAND	DEATH
Conditions, if any, gave rise to imm	DUE TO which (b)_ediote	5/6//	610000	100		Acc	iden	4.			1-	2 4	4125
lying couse lost.									MS				
PART II. OTHER  20a. ACCIDENT WAS L OR CONTRIBUTING D (IF EITHER, NOTIFY ME	SIGNIFICANT CONDI	TIONS CONTRIBU	ITING TO DEATH BL	TON T	RELATED TO	THE TERMIN	NAL DISEASE	CONDI	TION GIV	EN IN PAR	T 1(o) 19	PERFOR	WED?
	CAUSE OF DEATH	06. DESCRIBE HO	W INJURY OCCURR	RED. (En	ter noture af	injury in P	ort I ar Part	II af ite	m 1B.)				
20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Year		CCURRED 20e. F while f work	PLACE Coctory,	OF INJURY (H street, affice	lame, farm, bldg., etc.)	20f. (City	ar tawn	)	(0	Caunty)		(Stote)
21. I certify that	I attended the d	leceased fram	7-8		, 1958	, ta	0-20	Ž,	196	hat I la	st saw	the de	ceased
alive anACTUAL SIGNATURE	alive an 1020, 196, and that death accurred at 11:02 M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED												
PHYSICIAN'S PE	ter VA	n B.	Thorpe		F11	160)	ft (	C ;	ty,	222	AR	y ]	ANG
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NA	AME OF CEMETERY				22d. LOCAT					(State	)
Purial  23. FUNERAL DIRECTOR'S S	10-25-61 GNATURE	ADI	Warne DRESS	rC	emeter	*	Jone:		le Va	TRAR'S SIG	GNATUR	E	745
F.C. Higinbot							T 2 4 '6			Elwa S.			

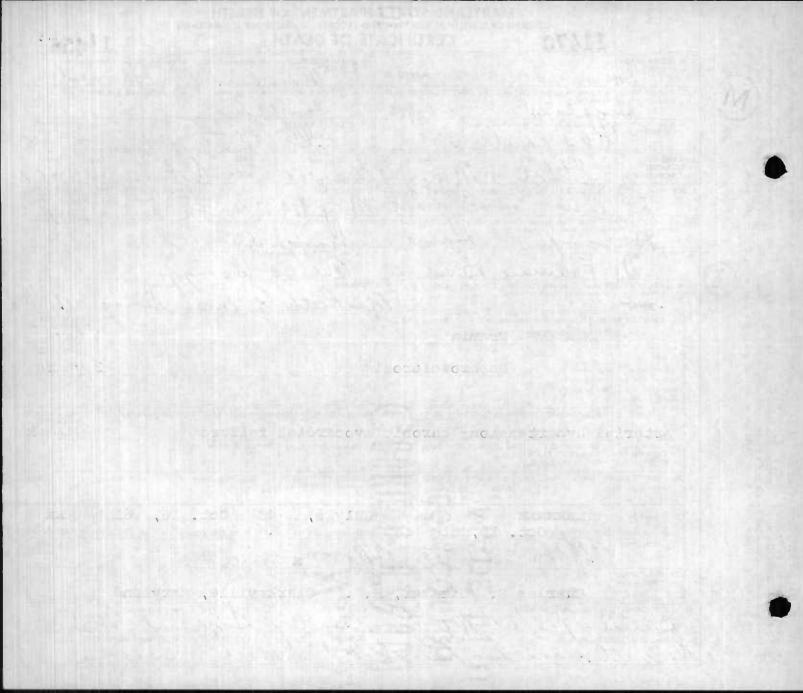
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	A COLOR	1970593	

VR A1S (4) 1SM 9/S9

N	A	RYL	AND	STATE	DEP	ARTMENT	OF	HEALT	Н

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	11470	CERTIF	ICATE C	F DEATH			11	455
1. PLACE OF DEATH o. COUNTY	laward	MARY	0.5	TATE Man		. COUNTY /	sidence before	
RURAL ond give	ighland	5-1 all	s X	CITY OR TOWN (IF of	liside corporate lin	nits, write RURAL		
d. NAME OF HOS OR INSTITUTION	PITA (If not in hospitol, gi	ve street oddress)  ute 29	d.`	STREET ADDRESS	Rante	29	e	ON A FARM?
3. NAME OF DECEASED (Type or print)	Ethel	May Middle	De	lost	4. DATE OF DEATH	Detah	Day	16 196
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	on ma	OF BIRTH	1892 1	birthdoy) Mon	oths Doys	Hours Min.
	TION (Give kind of work doorking life, even if setired)	lone 10b. KIND OF BUSINESS O		OTHER'S MAJOEN N	ille	md	2. CITIZEN OF	S A
W	L. Fillma VER IN U. S. ARMED FOR	re Braw	n (	Wice V	. Sca	gys Address		
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	Mus	Ruth (	9. Mi	les Sc	nggs	rille h
	EATH WAS CAUSED BY:	use per line for (o), (b), ond (c).  Uremia		0				days
Conditions, if gove rise to cause (a), stotin lying couse los	immediate DUE TO	Nephroscler	osis				3	years
Arteri  20a. ACCIDENT V OR CONTRIBUTIN	Lal hyperte	ONTIONS CONTRIBUTING TO DEA POSION; Chron 20b. DESCRIBE HOW INJURY O	ic myo	cardial	failure		N PART 1(0) 15	P. WAS AUTOPSY PERFORMED? YES NO M
20c. TIME OF INJ	n. 10	or 20d. INJURY OCCURRED While Not while of work		INJURY (Home, form, eet, office bldg., etc.		vn)	(County)	(Slote
saw the dece	eased alive on Oct	Sattended the deceased		-				stated above
220. SIGNATURE Charles S. Whitake M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.								22b. DATE SIGNED
22c. PHYSICIAN': NAME (Type	Charles	s S. Whitaker	3.6	d. ADDRESS  Clark	sville,	Maryl	and	
23a. BURIAL, CREMAT REMOVAL (Speci		61 That 30	an C	metery	23d. LOCATION (	land	m	(Stote)
24. FUNERAL DIRECTO	OR'S SIGNATURE	elden, Law	el Tu	DATE OC	BY REGISTRAR	2Sb. REGISTRAR	S. Krau	



# FOR STATE TO IUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to "uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

3

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11471 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
11456

1.	PLACE OF DEATH	2. USUAL RESIDE	NCE (Where d	deceesed lived, If b. COUN		sidenc	e before	dmission)
1	HOWARD COUNTY MARYLAN	449			Howard			
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neared town)  near Dorsey, Md  passing thro	1		porete limits, writ	e RURAL end	give n	parest tow	rn)
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRES						ESIDENCE
	II C Deuto 3	1					YES	A FARM?
3.	NAME OF First Middle	Lasi	4. DATE	Month	1	Dey	Yee	r
	DECEASED (Type or print)	FRAZIER	OF DEATE	H Oot	20		19	61
5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH	19	9. AGE (In yeers		EAR	IF UNDER	
	male White WIDOWED DIVORCED	Nov.23,1917		last birthdey)		eys	Hours	Min.
	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Ste	te or foreign co	ountry)	12. CITIZ	EN OF	F WHAT	COUNTRY?
	Helper Trucking Line	Savage, M	id.		1	1_	SA	
13.	FATHER'S NAME	14. MOTHER'S MAIDE						
	John F.Frazier	Katie F.St	oneburr					
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1 s, no, or unknown)   (Ifyesgivewerordetesofservice)	7. INFORMANT		Address				
	N•	rs. Lula Vollm	erhouse	en, Savage	e, Md			
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]						SET AND	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6) FRACTURE OF SKUI	IJ. AT BASE					TNST	
	812 X DUE TO							
	Conditions, if eny, which \ (b)							
	geve rise to immediate cause		37.11					
	(e), steting the underlying couse lest.							
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1	(e)   15	9. WAS	UTOPSY
CERTIFICATION						Y	PERFO	RMED?
TIFIC	200. EXTERNAL CAST WAS LEFT 2007 DESCRIPTION INTORY OCCORE							
	PRIMARYY or CONTRIBUTING Pedestrian cross							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. While Not While	PLACE OF INJURY (Home, fa fectory, street, office bldg., e		ty or town)	(Count	λ)		(Stete)
×		Route 1		Dorsey	HOW			Md.
	21. I certify that I took charge of the remains described above,		Inspection	35	78.	ano	in my o	pinion
	death resulted from: Natural causes, Accident X,	Suicide, Homicide		ndetermined m —	nanner			
	6/12 H	CHIEF MEDICA						
	SIGNATURE CLOUDE & Duy lest	M.D. ASSISTANT MI	EDICAL EXAMI	NER		D	ATE SIG	NED
	EXAMINER'S NAME (Type) COORGE F Daniel on F N D	HOUNG SHE	ALEXAMINER	county)	10/21	/61		
220	BURIAL, CREMATION, 225 DATE THEREOF STORES. NAME OF CEMETER	Y OR CREMATORY	22d. LOCA	TION (City, town	m		(Stei	0
23	JUNEAU DIRECTOR ADDRESS ADDRESS	a Selly 24. RI	EC'D BY REGIST	TRAR J 46. REG	ISTRAR'S SIG	NATU	IRE	V
K	Ve 11/ III Namellean Laurel	Med. BATEL	27 0 4 104	9	6			
	, , , ,		7 7 9 61	- an	laur S. to	TALLA		

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MARYLAND STATE DEPARTMENT OF HEALTH

ACH

MIM	VILVID SIMIE DE	PARIMENT OF I	ILPAL I I I	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS	, 301 W. PRESTON S	TREET, BALTIMORE 1,	MARYLAN
of A 2 mm or	CEDTICIOAT	C OF BEATH		. 7

PLACE OF DEATH   COUNTY   HOWard   MARYLAND	12412	CERTIFICAT	TTEO!
B. CITY OR TOWN III OUTSIde companies limits, write RURAL and give nearest town)  Letter of the property of the party of t			2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission
ENLICATION SON ANAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  J. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If not in hospital, give street address)  S. NAME OF MOSPITAL (If no		MARYLAND	Maryland b. COUNTY Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitals, give street address)  Schafer Convelescent Home  8703 Loch Bend Brive  No Araban 19 Days  No Marke of Inverse In Mooth 19 Days  No Araban 19 Days		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Schafer Convelescent Home    Style="border: 100% of the properties"   Style="border: 100% of the properties"   No.   No.			Towson O3 X
Schaffer Convelescent Home   8703 Loch Bend Brive   vss   No   Decreased   Notice	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street address)	
DECRRED (Type or print)    DESSIE A. Frederick	Schafer Convelescent	Home	8703 Loch Bend Brive YES NO
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE (in year) IF LUDGER 14 RA   IF UNDER 24 HAS.   Months Days Hours Min.   No. UNDAY   Months Days Hours Min.   No. Under Smaller or Investment of Investmen	DECEASED		OF
Tea. USUAL OCCUPATION (Give kind of work.)  Tob. NIND OF SUSINESS OR INDUSTRY IN. SIRTIPLACE (County & Size, or foreign country)  Balto. Transit Co. Maryland  U.S.A.  13. FATHER'S NAME  Dayid H. Frederick  Elizabeth Ann Frizell  14. MOTHER'S MAIDEN NAME  Elizabeth Ann Frizell  15. WAS DECEASED EVER N. U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (New York of the County of State of St	5. SEX   6. COLOR OR RACE   7. MARRIES	NEVER MARRIED IX 8	DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
To such occupation (give kind of work and one of the part of the part of working life, even if retired)  Balto. Transit Co. Maryland  U.S.A.  13. FATHERS NAME  David H. Frederick  15. WAS DECEASED EVER IN U.S. ARMED FORCES? Its. SOCIAL SECURITY NO., 17. INFORMANT  16. CAUSE OF DEATH [Enter only one case per fine for [a), [b], and [c].  PART I. DEATH WAS CAUSED BY. MILES (a)  DUE TO  Conditions. If any, which is immediate cause [a), staling the underlying cause law.  [a), staling the underlying [c]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO CONTRIBUTING CAUSE OF DEATH [and only one case per fine for [a), [b], and [c].  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO CONTRIBUTING CAUSE OF DEATH [and only one case per fine for [a), [b], and [a) to cause law.  20c. ACCIDENT WAS UNDERLYING (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	77 7 - 7 - 7 - 7 - 7		
CIETK  BAILO. TRAISIL CO. Maryland  13. FATHER'S NAME  David H. Frederick  David H. Frederick  Elizabeth Ann Frizell  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Pas. Ryor unknwn)   Ulfysts givewarcradiseodservice)   213-10-2944   Rev. W.R. Taylor 8240 Loch Raven Blvd.  18. CAUSE OF DEATH [Enter only one case per fine for (a), (b) and (c)   PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if any, which (b) gave rise to immediate cause (a), staling the underlying couse last.  (c), staling the underlying couse last.  (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES   NO   YES   NO   YES   YES	10a. USUAL OCCUPATION (Give kind of work   10b. KI		
13. FATHER'S NAME	dona during most of working life, even if retired) Bal	lto. Transit	Co. Maryland U.S.A.
15. WAS DECEASED EVER IN U.S. ARRED FORCESS   16. SOCIAL SCURITY NO. 17. INFORMANT   Address   17. No. 17. N	13. FATHER'S NAME		,
Rev. W.R. Taylor 8240 Loch Raven Blvd.   Rev. Taylor 8240 Loch Raven Blvd.   Rev. Taylor 8240 Loch Raven Blvd.   Rev.	David H. Frederick		Elizabeth Ann Frizell
18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 al while No While Saw the deceased alive on	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSE (a).  DUE TO  Conditions, if any, which gave rise to immediate cause (a), staling the underlying cuse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED.  PERFORMED	(las, No unkown) (lifyas give war or dates of service) 2	13-10-2944 RA	w W R Taylon 8240 Loch Rayen Blyd.
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Conditions, if any, which gave rise to immediate cause (a), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED? YES NO YES NO YES NO PERFORMED? YES NO YE	IMMEDIATE CAUSE (a)	risservice a C	and Valences & Sease 10 gr.
and the underlying (a), stating the underlying (b). States last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES NO PERFORMENT. YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED. YES N	DUE TO		
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20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20a. TIME OF INJURY Medical Examiner)  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Menith, Day, Year  While  Not While  at work  at			
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 While at work 19 Month 19 Work, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 Month 19 Work, and that death occured at Month 19 Work, farm, factory, street, office bldg., etc.)  22. I certify that (I) (this hospital) attended the deceased from 19 Month 19 Work, and that death occured at Month 19 Work, farm, 20 Month 19 Work, that (I) (we) last saw the deceased alive on 19 Work, and that death occured at Month 19 Work, farm, 20 Month 19 Work, that (I) (we) last saw the deceased alive on 19 Work, and that death occured at Month 19 Work, farm, 20 Month 19 Work, that (I) (we) last saw the deceased alive on 19 Work, and that death occured at Month 19 Work, farm, 20 Month 19 Work, farm, 20 Month 19 Work, that (I) (we) last saw the deceased alive on 19 Work, and that death occured at Month 19 Work, farm, 20 Month 19 Work, factory at Month 19 Work, factory, street, office bldg., etc.)  226. Clurch Road, Ellicott City, Month 19 Work, factory at Work, factory, street, office bldg., etc.)  227. Different Phys. 19 Work, factory at Work, factory at Work, factory, street, office bldg., etc.)  228. SIGNATURE Phys. 19 Work, factory at Work, factory, street, office bldg., etc.)  229. Clurch Road, factory at Work, factory at Work, factory at Work, factory, street, office bldg., etc.)  220. ADDRESS Phys. 19 Work, factory at Work, factory at Work, factory, street, office bldg., etc.)  220. ADDRESS Phys. 19 Work, factory at Wo	Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	
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21. I certify that (I) (this hospital) attended the deceased from		HILIDY OCCUPAND I DO DIA	CC OF INITIAL II. I AND ICLUSION III.
21. I certify that (I) (this hospital) attended the deceased from	Hour a.m. While		
saw the decessed alive on	p.m. 19 at work		
saw the decessed alive on	21. I certify that (I) (this hospital) attend	led the deceased from	C-30 196, to 105, 1966, that (1) (we) la
22a. SIGNATURE  22b. DATE SIGNET PHYS.  22c. PHYSICIAN'S NAME (Type) Dr. Thomas F. Herbert  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL: (Specify) 10-7-61  23c. NAME OF CEMETERY OR CREMATORY REMOVAL: (Specify) 10-7-61  LOUGON PARK  25a. REC'D. BY REGISTRAR   25b. REGISTRAR'S SIGNATURE  22b. DATE SIGNET PHYS.  22c. PHYSICIAN'S Church Road, Ellicott City, Md.  23d. LOCATION (City, town or county)  (State)  Beltimore, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE	saw the deceased alive on 10° 4	19. (c/., and that	death occured a
PHYS. DIRECTOR DIRECTOR PHYS. DIRECT	22a. SIGNATURE	0///	
NAME (Type) Dr. Thomas F. Herbert   Church Road, Ellicott City, Md.  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (State)   REMOVAL (Specify)   10-7-61   Loudon Park   Beltimore, Maryland   24 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	Suomes L.	Herbert M.	D. PHYS. DIRECTOR PHYS. 10-7.6,
REMOVAL (Specify) 10-7-61 Loudon Park Beltimore, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S NAME (Type) Dr. Thomas F.	Herbert	Church Road, Ellicott City, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE		23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	REMOVAL (Specify) 10-7-61	Loudon Pa	rk Baltimore, Maryland
INT O 104	24 FUNERAL DIRECTOR'S SIGNATURE		
		s. Inc. 1900	MCT O ICH

TO EASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death of Page 4 may be retained by the hospital or attending physician.

TO I CAERAL DIRECTOR: After this certificate has been signed by the attending physician and compared by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

SOLITIONS . STANDA Tip. affinally will apply the collection of the THE HAVE LOS WELL PLOT INC. T. L. V. or whom a g. wood of the contract of the contr Local Control of the comic. at cost to one, i.e. lyon and it.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVIS

ION OF STATISTICAL	RESEARCH AND RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE 1,	MARYLAND	
11473	CERTIFICATE	OF	DEATH			1145	8

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY HOUSE	a. STATE MARY AND b. COUNTY HOWARD
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town)	X JESSUP
A NAME OF HOSPITAL OR INSTITUTION (if not in bossical give dend of four	d. STREET ADDRESS "   a. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARM?
WATERLOO ROAD	WATERLOO KOAD YES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) (-FORGE H.	JESS DEATH OCTOBER 23 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
M WIDOWED TO DIVORCED TO	AUG PIEF 6 7 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUST	106.0,700
done during most of working life, even if retired)	40
WAREHOUSE FOREMAN BYOKK	14. MOTHER'S MAIDEN NAME
V ENLIADD ALTHORNA ICES	10 00.0 Au./
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	
	RS GEORGE JESS JESSUP MID
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Commany Ace	nem 12 km
420.) DUE TO	
Conditions, if eny, which \ (b) limput -	myradili-
geve rise to immediate ceuse	
(a), stating the undarlying cause last.	
(-)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Part I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
While Not While fa	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	3/7, 1966, to 10/18 , 1960, that (I) (we) last
	t death occured at .2.4M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
NA Vuins	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) N (3 ) T S WAR )	314 Cast-an Lynn
23e. SURIAL, CREMATION, 23b. DATE THEREOF,   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (Stata)
REMOVAL (Specify)	DEE MEM DORSCY MA
DURING SIGNATURE	IN E WIGHT DUNGE / /VI
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	DAR K 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE OCT 3 0 '61  Outling 1. Known

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deather the page 4 may be retained by the hospital or attending physician.

TO POTERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather the page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after deather the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather the state of the state Dept. VR A15 (4)

Rabli C. January & January 19 the state of the second 12 - 22 - 24 m April 1998 FRANK FER AND 大学中国大学中国大学 TO 0 ( 130 b)

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTICICATE OF DEATH

Item 14 Film Ci	208 10/30/61 111
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission)
Howard MARYLAND	a. STATE Md. b. COUNTY Howard
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, wrife RURAL and give neerest town)
Baltimore (Elkridge)	X Elkridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give street address)	d. STREET ADDRESS   a. IS RESIDENCE
The state of the s	Dox 220 Doneous Bood
Box 230, Dorsey Road  J. NAME OF Middle	Box 230 Dorsey Road YES NO X
DECEASED	OF
Al. Cital. L. Vembres	1 000. 23, 1901
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS.     lest birthdey   Months   Days   Hours   Min.
male   white   widowed   DIVORCED	Nov. 19, 1889 71 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired printer printing	New York U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kempkes	Fredericka unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
(Yes, no, or unkown) (Ifyasgivewarordetesofservice) ves WWI 215-10-7684	Mary Kempkes Box 230 Dorsey Rd. #27
18. CAUSE OF DEATH [Enter only ona ceusa per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MIAI INFARCTION ONSET AND DEATH-L
IMMEDIATE CAUSE (a)	2/19 2 /14//11/0/10//
DUE TO REDIVE	HIAL PNUENONIA
Conditions, if eny, which geve rise to immediata cause	ITITE INUE NON IT
DUFTO	FLUENZA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF THER. NOTIFY MEDICAL EXAMINER)	YES NO T
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. P	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. P. Hour a.m. While Power at work at work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	m / / O C / 19 6/ to 2 3 O C / 19 6/ that (I) (we) last
alact h	nat death occured at
saw the deceased alive on and the 22a. SIGNATURE	22b. DATE
22a. Sistering	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type) George E. Groleau, M. D	5608 Main Street, Elkridge, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	
Burial 10/26/61 Meadowridg	ge Cemetery   Elkridge, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens A	venue DATACT 2 4 '61 Callun S. Kraus
11	

D'18 10

Floredge

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U. S. W.

3cc. 25,

el imore (elbrice)

JON 230, Dorsey Took

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male white

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ECA COMPOSE CONTRACT

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Wit 210-703'd Mary Kempices Box 2:0 London Ho. Par

Join Lenokes

LEADER CHECKER ETHER THE THE STREET

Coorge E. (rolesu, N. J. EC) hain street, illoides, N.

Bursal 10/26/21 rescowrider Cemetery Eluridge, soyland lowerd it. Hubbard 1107 Wilkens venue

VR A1S (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11475

11460

1	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY HOTTORIA								
)	b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	RURAL and give nearest town)  Ellicot City	Ellicot City								
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE								
	or institution 15 Carlinda Avenue	15 Carlinda Avenue								
1	3. NAME OF First Middle	Last 4. DATE Month Day Year								
ď	(Type or print) MARY EDNA	REUTER DEATH OCT 20 196								
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR								
	Female White WIDOWED DIVORCED	7/21/87 74 yrs. Months Doys Hours Min.								
9	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY								
	Housewife	Ontario, Canada USA								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
1	William Wereley	Mary Ann Craig								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
		by H. Davis-Niece-same 2d								
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN								
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH									
	153.9 DUE TO									
	Conditions, if ony, which ) (b) METASTATIC	ZARCINOMATOSIS 2 YRS								
	gove rise to immediate DIFTO									
	lying couse lost.    Columbia   C	EINOMA OF COLON 7 YRS								
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO								
	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)								
H	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 of work									
	Hour o.m.  While Not while foctory, street, office bldg., etc.)  p. m.  19 of work of two of work									
	21. I certify that (1) (this haspital) attended the deceased fram. 9-23 1961, ta 10-20, 1961, that (1) (me) last									
	saw the deceased alive an 10-18 1961, and that death accurred at 5 M, from the causes and an the date stated abave.									
	22o. SIGNATURE 22b. DATE									
31	M.D. ATTENDING MED. STAFF PHYS.   10-20-61 SIGNE									
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 409 Columbia Road									
	Peter Van B. Thorpe M.D.	Ellicott City Maryland								
	23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)								
Bı	rial-transit 10-21-61 Mt. Olivet	Cemetery Detroit, Michigan								
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
	ROBERT A. PUMPHREY Bethesda, N	Marylan date OCT 2 4 '61 Culling & thous								

BULLIOE DE STREET STREET, H. TOTAL SETTINGS 

please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to it is not all delay is necessary, please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to it is not all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

Division	475 MEDICA	ARCH AND RECORDS,  L EXAMINER'S	CERTIFICAT		EATH	E 1, MARYI	ACA
1. PLACE OF DEAT 6. COUNTY  HOWAI		MARYLAND	2. USUAL RESIDEN	CE (Where dece	eased lived, If ins		co belore admissio
ural Ell:	(if outside corporete limits, d give nearest town)  icott City	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpor	ate limits, write F	URAL and give n	neerest town)
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS S.S. Norfol	k	13×	1	ON A FARM
3. NAME OF DECEASED (Type or print)	JOHN	Middle	RILEY Jr.	4. DATE OF DEATH	Month Oct.	Day 15	Yeer 19 61
5. SEX	6. COLOR OR RACE 7. MARR		DATE OF BIRTH	9.	AGE (In years   If		IF UNDER 24 HRS
10e. USUAL OCCUPAT		KIND OF BUSINESS OR INDUSTR	BALIA	or foreign count		12. CITIZEN OF	F WHAT COUNTR
13. FATHER'S NAME	Riley S.	R (dEAd)	14. MOTHER'S MAIDEN	NAME HEI	YRY (	(DEAD)	
(Yes, no, or unkown) (	/ER IN U.S. ARMED FORCES? If yes give war or dates of service)  DEATH [Enter only one ceuse per		1404 140L 2204 E.		Address SE	AUNI	ERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) Guns DUE TO	shot wound of n		/ '	- 1 7 -	ONS	SET AND DEATH
Conditions, if any gave rise to immed (a), stating the	liate cause						
Cause last.	R SIGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN		PERFORMED?
PART II. OTHER		ribe how injury occured. (I		I or Part II of its	em 18.)	ļ Yl	ES X NO
20c. TIME OF INJU	JRY Month, Dey, Yeer   20d	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm lory, street, office bldg., etc. OR d	20f. (City o		(County)	(Stete) Md.
	hat I took charge of the re from: Natural causes	mains described above, he		Inspection [	Inquiry		in my opinion
SOMILE.	Hama	10	CHIEF MEDICAL E	XAMINER [			
SIGNATURE	youard 1	many	M.D. ASSISTANT MEDI		*		15, 1961
	Howard Shaub	22c. NAME OF CEMETERY OF	Address (Street, c		unly) ON (Clly, town, o		(State)
REMOVAL (Specify Burial			er Cem.	Baltir	76	Id.	(31818)

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATE NOV 7

Cinhay S. Kinas

VS. A15ME 5M 9/60

23. FUNERAL DIRECTOR
Schimunek Funeral Home,
2601 E. Madison St.

ADDRESS Inc.

or its designated agent, prior to burial, cremation, or removal, and in any event

or. 5-3868

I director, filed with haurs after death. Page funeral 8 shauld within nd campletely on papers. Pag death, puo carbon requires that the death certificate please ģ as the burial-transit remayal, detached for use Page 3 should be

VS A15 (4) 15M 9/SS

PLACE OF DEATH

Howard

o. COUNTY

NAME OF

5. SEX

(Type or print)

Male

13. FATHER'S NAME

No

MEDICAL CERTIFICATION

220

23. FUNERAL DIRECTOR'S SIGNATURE

F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Howard Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Ellicott City d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Colonial Drive Colonial Drive YES NOT 4. DATE OF DEATH Middle Month Doy Yeor SCHAEFFER Oct.19.1961 CHARLES ARTHUR 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years last birthday) Months Hours WIDOWED [ DIVORCED [ April 26.1904 White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Woolen Mill Carroll Co. 14. MOTHER'S MAIDEN NAME Edith Poe George Schaeffer IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Blakely Boone, Colonial Drive, Ellicott City 273-09-6142 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

_ IM	MEDIATE CAUSE (0)	usal vascurar on	cure.	1 denso
3312	DUE TO	+ "state" 1956;	nur rules Lebrellation	5-110
Conditions, if ony,		Ruene 1956	auricular petersettaria	0 20
gove rise to imm	DILETO	2.1. 100		
couse (o), stoting the	under-	u. may 1901		
lying couse lost.	) (c)			
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO T	HETERMINAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	RIBE HOW INJURY OCCURRED. (Enter nature of i	injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While	JURY OCCURRED  Not while of work  20e. PLACE OF INJURY (Ho foctory, street, affice by the foctory)	ome, form, 20f. (City or town) (Co oldg., etc.)	unty) (State)
21. I certify that	I attended the decease			
alive on OCT	10 , 196	and that death accurred at	9:304 M, from the causes and an the	date stated above
		/	ADDRESS (Street, city on target stote)	
ACTUAL SIGNATURE	hert B 1	autor MD 111 Con	huntra Pel Client at	DATE SIGNED
PHYSICIAN'S NAME (Type)		0	·	10-19-61
BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
Burial	10-23-61	Mear Coldand	Ookland Commall Co	263

ADDRESS

24b. REGISTRAR'S SIGNATURE

Orthur S. Thrus

24a. REC'D BY REGISTRAR DATE OCT 23 '61

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t the state of the	I in fa		ni limle	
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	on an extension			
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				Tara de la companya d
				The service of

FOR STATE HEALTH DEPT DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deal any delay is necessary, pieses execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Palith, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. 0

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 11479 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH  • COUNTY			2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
Haves	Howard Maryland			o. STATE b. COUNTY  Maryland Howard					
b. CITY	Y OR TOWN (if outside corporete limits, ite RURAL end give neerest town)	c. LENGTH OF STAY IN 16	HOWEL'S			Howard URAL end give	neerest tov	vn)	
ETT	Ellicott City			t City		X			
d. NA	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)			d. STREET ADDRESS					
R1	t.2 Old Frederick Road		Rt.2 Ol	d Frederick	Road		YES	NO	
3. NAM	E OF First	Middle	Last	4. DATE	Month	Day	Yee	r	
(Type	or print) HELENA STETNBA	СН		OF DEATH	Oct.	20,1961	19		
5. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED X 8.	DATE OF BIRTH		GE (In yeers   IF st birthdey)		IF UNDER		
Fems	ale   White   WIDOWE	D DIVORCED	Sept.6.18'	7/ 87	y yrs.	lonths Deys	Hours	Min.	
10a. USU		ND OF BUSINESS OR INDUSTRY		State or foreign country	')	12. CITIZEN O	F WHAT	OUNTRY?	
	At Home	None	German	ny		USA			
13. FATH	ER'S NAME		14. MOTHER'S MA	IDEN NAME					
1	Conrad Steinbach	Contract of		Gertrude	TOTAL	and als			
	DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Get of more	The Diet	FIGH			
	or unkown) (If yes give wer or detes of service)	None Mas	Holona 1	Haddinatt T	רוקו כי בי	inatt C	124 1	14	
Control of the last of the las	No None Mrs. Helena Hoddinott, Rt. 2, Ellicot								
	PART I DEATH WAS CAUSED BY.							INTERVAL BETWEEN ONSET AND DEATH 15 min	
1 100	IMMEDIATE CAUSE (e) Coronary Thrombosis								
	DUE TO								
	Conditions, if eny, which \ (b) Arteriosclerotic vascular disease								
	geve rise to immediate ceuse (e), stating the underlying DUE TO								
	cause lest. (c)								
Z P	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?								
N E	YES [								
₩ 20e	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)								
PRIMA CAUS									
₹ 20c.	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)								
WEDICAL 20c.	Hour a.m.  While Not While fectory, street, office bldg., etc.)  p.m. 19 et work et work								
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion								
	death resulted from: Natural causes T, Accident , Suicide , Homicide , Undetermined manner								
Gear									
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER								
	SIGNATURE TLUTY A.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
	EXAMINER'S GEORGE E. BURGTORE HOUSE (Sireo), city, low for county) 10/20/61								
22e. BURI	AL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	l (City, town, or		(Stet	(e)	
REMO	OVAL (Specify)								
Buri	al 10-23-61	Loudon Parl	1 240	REC'D BY REGISTRAR	timore 1	Md RAR'S SIGNATI	IDE		
23. FUNE	EKAL DIKECTOR	ADDRESS.	0.000						
F.C.	Higinbothom, Ellicott C:	ity, Md	DAT	EOCT 2 4 '61	Could	-1 S. Than	4		

AND REPORT OF THE PARTY OF THE THE STATE OF THE ACT OF STATE OF A STATE OF THE STATE OF STALL TO ITADRITES SEEDEMAND JANIOTH BEATLE SHARESAL DO SHARES STOLEN OF THE SECOND STOLEN OF T Representation of the second o 1=1 All to class and reserved to contract the 1/1/1 The state of the s 

VS A1S (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1770		CERTIFIC	ATE OF DEA	TH		Reg. Dist.	No. 1	1464
1. PLACE OF DEATH d. COUNTY Howard	2210		MARYLAND	2. USUAL RESIDENCE d. STATE Mary	(Where deceased	d lived. If instituti b. COUNTY	on: Residence		mission)
b. CITY OR TOWN (If RURAL and give nec Fulton	outside corporate limit arest tawn)		6 mos.	c. CITY OR TOWN (If outside corporate limits, write  Brooke ville		rate limits, write R			own)
d. NAME OF HOSPITA OR INSTITUTION Simon Res	AL (If not in haspitat, g t Home - I	rulton,		d. STREET ADDRES	S	15%	-1	01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Grace	st	Middle E. T	ownsend	4. DATE OF DEATH	Oct.	ith	Day	Year 1971
s. sex Female	6. COLOR OR RACE White	7. MARRIED  WIDOWED	DIVORCED	B. DATE OF BIRTH  12-21-1879		9. AGE (In years last birthday) 81 yrs.		YEAR IF UI	_
Housewife	N (Give kind of work on ing life, even if retired)		OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (S	tate or foreign co	ountry)	12. CITIZE		AT COUNTRY
Charles E	. Townsend			14. MOTHER'S MAID	a Jane	Hobbs			
1S. WAS DECEASED EVER  Yes, no, or unknown)    1	IN U. S. ARMED FOR f yes, give war or dates of se			Mrs. Janet	Boss 4	Add 203 Easte			Rahie:
Conditions, if an gave rise to im cause (o), stoting the lying cause last.  Z PART II. OTHI	he <u>under-</u> DUE TO		CONARY SC.	T NOT RELATED TO THE T	ERMINAL DISEASI	E CONDITION GIV	/EN IN PART 1	(a) 19. W	AS AUTOPSY RFORMED?
PART II. OTHI	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE F	HOW INJURY OCCURRI	ED. (Enter nature of injur	in Part I or Port	t II of item 1B.)		YES	□ NO [3]
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea		Nat while fo	LACE OF INJURY (Home, actary, street, office bldg.	farm, 20f. (City , etc.)	ar town)	(Cor	unty)	(State
21. I certify that I attended the deceased fram. August , 1946, to October 22, 1961, that I last saw the deceased alive an October 20 , 1961 , and that death accurred at 6:00A M, fram the causes and an the date stated abave.  ACTUAL SIGNATURE M.D.  ACTUAL SIGNATURE M.D.									
PHYSICIAN'S NAME (Type)			Ltaker, M			lle, Mo			-22-6
REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR'S	10-24-61		Mt. Carmel			nshine. M			siore)
Francis H.			ville, Mar	yland DATE	OCT 2 6 '61		hun S. Ku		

Simon xpay and - "Lavie, and between T. L. Translend 13.61 breeners . I bernell . The East of Street Property PRINT NEW Strike and the strike seem a seed from the strike of seems of 11.C7 O 11.C.C Te Sanctoc San Truppe The state of the s A Land Control of the the later and the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stole)

DATE SIGNED

(Stole)

12. CITIZEN OF WHAT COUNTRYS

Days

(County)

Months

IS RESIDENCE

19

YES NO

